

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED APR 8 1963 Primary Registration District No. 1003 REGISTRAR'S NO. 3323-63-013121

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1			
2 40093			
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4 0			
5 1			
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12 83-3			
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83			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived: a. STATE, b. COUNTY)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VAH, ST. LOUIS, MO.		c. CITY OR TOWN FERGUSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		d. STREET ADDRESS (If outside, give location) 1028 EDGE HILL DR.	
3. NAME OF DECEASED (Type or print) First Middle Last HAROLD D. CLAY		4. DATE OF DEATH Month Day Year 3/19/63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/21/10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER, CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
11. BIRTHPLACE (City and state or country) DEERMONT, TEXAS,		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES CLAY		13b. MOTHER'S MAIDEN NAME GEORGIA CARTER	
14. NAME OF HUSBAND OR WIFE ESTER IRENE CLAY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II	
16. SOCIAL SECURITY NO.		17. INFORMANT Address ESTER IRENE CLAY (WIDOW)	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion (acute) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 11/20/62 to 3/19/63 and last saw him alive on 3/19/63 Death occurred at 2:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner	
22b. ADDRESS 1300 Clark Ave.		22c. DATE SIGNED 3-20-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-22-63	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc. 4700 Washington		25. DATE REC'D. BY LOCAL REG. MAR 21 1963	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gay W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.